## Request for Cancellation of Certificate

File the original with:

2011.57-1

Date of the second	rian or rax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE:	
Please consider this a request to cancel my:	
Class C Taxi Certificate	Class A Restricted Certificate
Class C Charter Certificate	
Class C Charter Bus Certificate	
Non-Emergency Certificate	
Class E Household Goods Certificate	
Class E Hazardous Wastes Certificate	
My Certificate Number is $15 - 802$	·
(Name of Company)	(If applicable)
(Street Address)	(Mailing Address if different from Street Address)
(City, State, Zip Code)	[City, State, Zip Code)
(S43) 662 - 2333 (Telephone Number)	(Signature)  (Title) Owner, President, etc.